

**UTILITY
PATENT APPLICATION
TRANSMISSION**

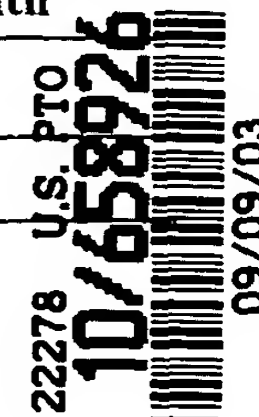
Our Docket No.:
33483/US /ENB

Date: **September 9, 2003**

First Named Inventor: **PAUL DOUGLAS CORL**

Title: **Apparatus for Ascertaining Blood
Characteristics and Probe for Use Therewith**

Express Mail No.: **EV 182 097 615 US**



CERTIFICATE OF MAIL (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MAIL STOP PATENT APPLICATION, Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2003

Signed:

Laura Lee Mosier

ADDRESS TO:

**Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

APPLICATION ELEMENTS

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
3. ☒ Specification Total Pages: **36**
 - ☒ Descriptive title of the invention
 - ☒ Cross References to Related Applications
 - ☐ Statement Regarding Fed. Sponsored R&D
 - ☐ Reference to Microfiche Appendix
 - ☒ Background of the Invention
 - ☒ Brief Summary of the Invention
 - ☒ Brief Description of the Drawings
 - ☒ Detailed Description
 - ☒ Claims
 - ☒ Abstract of the Disclosure
4. ☒ Drawings (35 U.S.C. 113) Total Sheets: **11**
5. ☐ Oath or Declaration Total Pages:
 - a. ☐ Newly Executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. 1.63(d)) (for continuation/divisional with Box 19 completed)
 - 1. ☐ DELECTION OF INVENTORS
Signed statement attached deleting inventor(s) named in the prior application (37 C.F.R. 1.63(d)(2) and 1.33(b))
6. ☐ Application Data Sheet (37.C.F.R. 1.76)

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Certification Under 35 U.S.C. 122(b)(2)(B)(i)
10. ☐ Recorded Assignments from prior application
11. ☐ 37 C.F.R. 3.73(b) Submission
12. ☐ Revocation and Power of Attorney from prior application
13. ☐ English Translation Document (if applicable)
14. ☐ Information Disclosure Statement
(with Copies of Citations as necessary)
15. ☐ Preliminary Amendment Total Pages: **5**
16. ☒ Return Receipt Postcard
(Should be specifically itemized)
17. ☐ Certified Copy of Priority document(s)
(if foreign priority is claimed)
18. ☐ Other

19. **If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application Nos.:

For continuation or divisional applications: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference

CORRESPONDENCE ADDRESS

| | | | |
|-----------|---|--|------------------------|
| ATTY NAME | Edward N. Bachand Reg. No. 37,085 | | DATE: |
| | | | September 9, 2003 |
| ADDRESS | DORSEY & WHITNEY LLP Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187 | | Customer Number: 32940 |
| TELEPHONE | (650) 494-8700 | | |
| FAX | (650) 494-8771 | | |

1063146



APPLICATION FEE TRANSMITTAL SHEET

| Complete if Known | |
|--------------------------------|--|
| Application No. | To be assigned |
| Filing Date | September 9, 2003 |
| First Named Inventor | Paul Douglas CORL |
| Group Art Unit | To be assigned |
| Examiner Name | To be assigned |
| Atty. Docket Number and Title: | 33483 /ENB Apparatus for Ascertaining Blood Characteristics and Probe for Use Therewith |

| METHOD OF PAYMENT (Check One) | | FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|---------------|---|----------|-----------------|----------|----------|----------|----------|------------------------|-----|-------|--------|---|-----------------------------------|-----|------|-------|--|--------------------------|-----|-----|-----|--|---|-----|-----|-----|---|---|--|--|--|-------|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: DORSEY & WHITNEY LLP <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27) | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>114</td><td>160</td><td>214</td><td>80</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr><tr><td>101</td><td>750</td><td>201</td><td>375</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td><input type="checkbox"/> Design Filing Fee</td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr><tr><td colspan="4">Subtotal (1)</td><td>\$375</td></tr></tbody></table> | | Large Entity | | Small Entity | | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 114 | 160 | 214 | 80 | <input type="checkbox"/> Prov. Filing Fee | 101 | 750 | 201 | 375 | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 330 | 206 | 165 | <input type="checkbox"/> Design Filing Fee | 108 | 740 | 208 | 370 | <input type="checkbox"/> Reissue Filing Fee | Subtotal (1) | | | | \$375 | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 160 | 214 | 80 | <input type="checkbox"/> Prov. Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 750 | 201 | 375 | <input checked="" type="checkbox"/> Utility Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 330 | 206 | 165 | <input type="checkbox"/> Design Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 740 | 208 | 370 | <input type="checkbox"/> Reissue Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) | | | | \$375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th></th><th>Number Claims</th><th>Prior</th><th>Extra</th><th>Fee from Below*</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>55</td><td>- 20</td><td>= 35</td><td>x 9</td><td>= 315</td></tr><tr><td>Indep.</td><td>10</td><td>- 3</td><td>= 7</td><td>x 42</td><td>= 294</td></tr><tr><td colspan="5">Multiple Dependent Claims</td><td>x =</td></tr><tr><td colspan="5">Subtotal (2)</td><td>\$609</td></tr></tbody></table> | | | Number Claims | Prior | Extra | Fee from Below* | Fee Paid | Total | 55 | - 20 | = 35 | x 9 | = 315 | Indep. | 10 | - 3 | = 7 | x 42 | = 294 | Multiple Dependent Claims | | | | | x = | Subtotal (2) | | | | | \$609 | | | | | | |
| | Number Claims | Prior | Extra | Fee from Below* | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 55 | - 20 | = 35 | x 9 | = 315 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | 10 | - 3 | = 7 | x 42 | = 294 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | | | | | x = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (2) | | | | | \$609 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent Claim</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>Reissue independent claims over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 84 | 202 | 42 | Independent claims in excess of 3 | 104 | 280 | 204 | 140 | Multiple dependent Claim | 109 | 84 | 209 | 42 | Reissue independent claims over original patent | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 280 | 204 | 140 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 84 | 209 | 42 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 115 110 215 55 Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 116 400 216 200 Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 117 920 217 460 Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 118 1,440 218 720 Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 128 1,960 280 980 Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 146 740 246 370 Submission After Final 1.129 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 119 320 219 160 Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 120 320 220 160 Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 121 280 221 140 Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 148 110 248 55 Terminal Disclaimer Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 122 130 122 130 Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 123 50 123 50 Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 142 1,280 242 640 Utility/Reissue Issue Fee (including advance copies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 143 460 243 230 Design Issue Fee (inc. advance copies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 179 740 279 370 Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 195 300 195 300 Publication fee for early, voluntary, or normal publication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 196 300 196 300 Publication fee for re-publication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 140 110 240 55 Petition to Revive - unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 141 1,280 241 640 Petition to Revive - unintentional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OTHER FEE (specify) -0- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total Amount of Payment: \$984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Submitted by:

Name: Edward N. Bachand

Reg. No.: 37,085

Telephone : (650) 494-8700

Signature:

Date: September 9, 2003